

30-4 917

ISSUE STATEMENT AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			6/59
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	32	5-21-61
FORMALITY REVIEW	AM	917	08-21-61
RESPONSE FORMALITY REVIEW	SL	809	12-10-61

INDEX OF CLAIMS

- | | | | |
|---|-------------------------------|---|--------------|
| ✓ | Rejected | N | Non-elected |
| = | Allowed | I | Interference |
| - | (Through numeral)... Canceled | A | Appeal |
| + | Restricted | O | Objected |

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Claim	Date
Final	
Original	
1	1-23-61
2	1-23-61
3	1-23-61
4	1-23-61
5	1-23-61
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49	1-23-61
50	1-23-61

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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